

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024211

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

290

Primary Registration District No.

Registrar's No.

74

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Richland

Length of stay in 1b

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c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Residence

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. State Missouri b. COUNTY Pulaski

c. CITY
OR TOWN Richland

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Residence

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Stanley

Middle -

Last Henson

4. DATE
OF DEATH

Month June

Day 26

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept 8 1909 52

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Maintenance work

10b. KIND OF BUSINESS OR INDUSTRY

Commercial

11. BIRTHPLACE (City and state or country)

Dixon Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Henson

13b. MOTHER'S MAIDEN NAME

Tobythia Rodden

14. NAME OF HUSBAND OR WIFE

Pearley Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Pearley Henson Richland, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____.
Death occurred at _____ Apprx 7P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

Richland, Missouri

22c. DATE SIGNED

6/27/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/30/62

23c. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

23d. LOCATION (City, town, or county)

Richland, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Moss-Williams Richland, Missouri

25. DATE RECD. BY LOCAL REG.

6-29-62

26. REGISTRAR'S SIGNATURE

C. G. Anderson

JUL 6 1962

JUL 18 1962

1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clarence Amoss

Licensed Embalmer No.

4896

P. O. Address

Waynesville, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 6-29-62

ELL